## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Feb 24, 2003 8:00 am Secretary of State DOCUMENT # N0000002861 1. Entity Name 02-24-2003 90179 004 \*\*\*\*61.25 HIDDEN VALLEY CIVIC ASSOCIATION, INC. Principal Place of Business Mailing Address 8973 N. WINROCK DRIVE 8973 N. WINROCK DRIVE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3667720 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUICK, PATRICK Street Address (P.O. Box Number is Not Acceptable) 8973 N. WINROCK DRIVE JACKSONVILLE FL 32216 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of repistered agent. SIGNATU typed or printed type of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition CHERRY, ALBERT G NAME NAME 8821 IVEY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IF Jacksonville FL 32216 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME QUICK, PATRICK NAME STREET ADDRESS 8973 N. WINROCK DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Williams, Claudia 🕆 😁 NAME NĀME STREET ADDRESS 8992 N WINROCK DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition THODES, LISA A NAME NAME STREET ADDRESS 2539 TEMPO DR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the corporation or an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

7050